2012 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting 2011 Revenues)

APPROVED BY OMB 3060-0855

>>> Please read instructions before completing.<<<

Annual Filing -- due April 1, 2012

|] | Block 1: Contributor Identification Information | During the | year, filers must refile B | locks 1, 2 and 6 if | there are any changes in Lines 104 | 4 or 112. See Instructions. | |
|-------|---|--|----------------------------|--|------------------------------------|-----------------------------|--|
| 101 | Filer 499 ID [If you don't know your number, contact the ac If you are a new filer, write "NEW" in this block and a Filer | ministrator at (888) 641-8722 499 ID will be assigned to yo | 2. bu.] | | | | |
| 102 | Legal name of filer | | | | | | |
| 103 | IRS employer identification number | | | [Enter 9 digit nu | mber] | | |
| 104 | Name filer is doing business as | | | | | | |
| 105 | Telecommunications activities of filer [Select up to 5 boxes | that best describe the reportin | ng entity. Enter numbers | starting with "1" to | show the order of importance | see instructions.] | |
| | Audio Bridging (teleconferencing) Provider | | CAP/CLEC | Cellular/PCS/SMR (wireless telephony inc. by resale) | | | |
| | Coaxial Cable Incumbent L | EC | Interconnected VoIP | | Interexchange Carrier (IXC) | Local Reseller | |
| | Non-Interconnected VoIP Operator Ser | vice Provider | Paging & Messaging | | Payphone Service Provider | Prepaid Card | |
| | Private Service Provider Satellite Serv | ice Provider | Shared-Tenant Service P | rovider / Building | LEC | SMR (dispatch) | |
| | Toll Reseller Wireless Dat | a | Other Local | | Other Mobile | Other Toll | |
| | If Other Local, Other Mobile or Other Toll is che describe carrier type / services provided: | ecked → | | | | | |
| 106.1 | Holding company name (All affiliated companies must show | the same name on this line.) | | | | | |
| 106.2 | Holding company IRS employer identification number | | | | number] | | |
| 107 | FCC Registration Number (FRN) [https://fjallfoss.fcc.gov/c [For assistance, contact the CORES help desk at 877-480-32 | | | [Enter 10 digit number] | | | |
| 108 | Management company [if filer is managed by another entity |] | | | | | |
| 109 | Complete mailing address of reporting entity corporate head | quarters | Street1 | | | | |
| | | | Street2 Street3 | | | | |
| | | | City | State | Zip (postal code) | Country if not USA | |
| 110 | Complete business address for customer inquiries and comp | aints | Street1 | | | | |
| | check if same address as Line 109 | | Street2 | | | | |
| | | | Street3 City | State | Zip (postal code) | Country if not USA | |
| 111 | Telephone number for customer complaints and inquiries [7] | oll-free number if available] | 1 - 9 | () | - ext - | | |
| 112 | List all trade names used in the past 3 years in providing telecommunications. Include all names by which you are known by customers. | | | | | | |
| | a | | g | | | | |
| | b | | h | | | | |
| | С | | i | | | | |
| | d | | j k | | | | |
| | e f | | 1 I | | | | |
| | Use ar | additional sheet if necessary. | Each filer must provide | all names used for | telecommunications activities | | |

| 2012 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting 2011 Revenues) | | | | | | | | Page 2 | | | |
|--|--|---------------------------------------|--------------------|----------------------------------|-----------------------|-----------------------------------|-------------------------------|---------------------------|--------------------|-------------|------------------------|
| Block | 2-A: Regulatory Contact Information | | | | | | | | | | |
| 201 | Filer 499 ID [from Line 101] | | | | | | | | | | |
| 202 | Legal name of filer [from Line 102] | | | | | | | | | | |
| 203 | Person who completed this Worksheet | First | | | | MI | Last | | | | |
| 204 | Telephone number of this person | | ·) | | - | ext | - | | | | |
| 205 | Fax number of this person | (|) | | - | | | | | | |
| 206 | Email of this person not for public release | | | | | | | | | | |
| 207 | Corporate office, attn. name, and mailing address to which future Telecommunications Reporting Worksheets should be sent | Office | | | | Att | n: First name | | MI | Last | |
| | | Email no | t for pub | olic release | | Phone | () - | ext- | Fax () | - | |
| | check if same name as Line 203 | Street1 | | | | | | | | | |
| | check if same address as Line 109 | Street2 Street3 City | | State | | 7in (nostal | anda) | Countr | wif mot LICA | | |
| 208 | Billing address and billing contact person | Company | | State | | Zip (postal | n: First name | Countr | y if not USA MI | Last | |
| 200 | [Plan administrators will send bills for contributions to this | Company | | | | Au | ii. Prist name | | IVII | Last | |
| | address. Please attach a written request for alternative billing arrangements.] | | | olic release | | | () - | ext- | Fax () | - | |
| | check if name and address same as Line 207 | Street1 Street2 Street3 City | | State | | Zip (postal | code) | Countr | y if not USA | | |
| 208.1 | Email address pertaining to ITSP regulatory fee issues | not for p | | | | | | | | | |
| Block | 2-B: Agent for Service of Process | All carriers filers must | and provertile Blo | viders of intercocks 1, 2, and 6 | onnected a if there a | and non-interco re any changes | nnected VoIP in this section. | nust compl See Instruc | lete Lines 209 th | nrough 213. | During the year, these |
| 209 | D.C. Agent for Service of Process | Company | | | | At | tn: First name | | MI | Last | |
| 210 | Telephone number of D.C. agent | (| | | - | ext | - | | | | |
| 211 | Fax number of D.C. agent | (| | | - | | | | | | |
| 212 | Email of D.C. agent | | | | | | | | | | |
| 213 | Complete business address of D.C. agent for hand service of documents | Street1 Street2 Street3 City | | State | DC | Zip | | | | | |
| 214 | Local/alternate Agent for Service of Process (optional) | Company | | | | At | n: First name | | MI | Last | |
| 215 | Telephone number of local/alternate agent | (| () | | - | ext | - | | | | |
| 216 | Fax number of local/alternate agent | (| | | - | | | | | | |
| 217 | Email of local/alternate agent | | | | | | | | | | |
| 218 | Complete business address of local/alternate agent for hand service of documents | Street1 Street2 Street3 City | | State | | Zip (postal | code) | Countr | y if not USA | | |
| PE | RSONS MAKING WILLFUL FALSE STATEMENTS IN THE WOR | J | N BE P | | FINE OR | 1 4 | | | ř. | ED STATES | CODE, 18 U.S.C. § 1001 |

| 2012 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting 2011 Revenues) | | | | | | | Page 3 |
|--|---|------------------------------|---------------------------------------|------------------------------|------------------------------------|------------------------|---------------------|
| Block | 2-C: FCC Registration and Contac | ct Information | | | | | |
| 219 | Filer 499 ID [from Line 101] | | T | II tilei | re are any changes in this section | ii. See iisti uctions. | |
| 220 | Legal name of filer [from Line 102] | | | | | | |
| 221 | Chief Executive Officer (or, highest ran the filer does not have a chief executive | | First | | MI Last | | |
| 222 | Business address of individual named of check if sa | n Line 221 me as Line 109 | Street1 Street2 Street3 City | State | Zip (postal code) | Country if not USA | |
| 223 | Second ranking company officer, such a | s Chairman | First | | MI Last | <u> </u> | |
| | (Must be someone other than the individ | | G | | | | |
| 224 | Business address of individual named of | me as Line 109 | Street1 Street2 Street3 | C4-4- | 7:- (t-11-) | Country if you LINGA | |
| | CHECK II Sa | me as Line 109 | City | State | Zip (postal code) | Country if not USA | |
| 225 | Third ranking company officer, such as (Must be someone other than individual 223) | _ | First | | MI Last | | |
| 226 | Business address of individual named of | n Line 225 me as Line 109 | Street1 Street2 Street3 City | State | Zip (postal code) | Country if not USA | |
| 227 | Indicate jurisdictions in which the filer pand jurisdictions in which service is like | _ | | ch service was provided in t | he past 15 months | | |
| | Alabama | Guam | | Massachusetts | New Yo | rk | Tennessee |
| | Alaska | Hawaii | | Michigan | North C | arolina | Texas |
| | American Samoa | Idaho | | Midway Atoll | North D | akota | Utah |
| | Arizona | Illinois | | Minnesota | Northern | n Mariana Islands | U.S. Virgin Islands |
| | Arkansas | Indiana | | Mississippi | Ohio | | Vermont |
| | California | Iowa | | Missouri | Oklahon | na | Virginia |
| | Colorado | Johnston Atoll | | Montana | Oregon | | Wake Island |
| | Connecticut | Kansas | | Nebraska | Pennsylv | vania | Washington |
| | Delaware | Kentucky | | Nevada | Puerto R | Rico | West Virginia |
| | District of Columbia | Louisiana | | New Hampshire | Rhode Is | sland | Wisconsin |
| | Florida | Maine | | New Jersey | South Ca | arolina | Wyoming |
| | Georgia | Maryland | | New Mexico | South D | akota | |
| 228 | Year and month filer first provided (or e | | | | Check if prior to 1/1/1999, other | | Month |

2012 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting 2011 Revenues) Page 4 Block 3: Carrier's Carrier Revenue Information 301 Filer 499 ID [from Line 101] 302 Legal name of filer [from Line 102] Report billed revenues for January 1 through December 31, 2011. If breakouts are not book Breakouts Do not report any negative numbers. Dollar amounts may be rounded to the nearest thousand dollars. amounts, enter whole Interstate International However, report all amounts as whole dollars. percentage estimates Total Revenues Revenues Revenues International (a) Interstate

(b)

(c)

(d)

(e)

Revenues from Services Provided for Resale as Telecommunications by Other Contributors to Federal Universal Service Support Mechanisms

See instructions regarding percent interstate and international

Fixed local service Monthly service, local calling, connection charges, vertical features, and other local exchange service including subscriber line and PICC charges to IXCs 303.1 Provided as unbundled network elements (UNEs) 303.2 Provided under other arrangements

Per-minute charges for originating or terminating calls

Provided under state or federal access tariff 304.1 Provided as unbundled network elements or other contract arrangement 304.2 Local private line & special access service

Provided to other contributors for resale as telecommunications 305.1 305.2 Provided to other contributors for resale as interconnected VoIP

306 Payphone compensation from toll carriers 307 Other local telecommunications service revenues

308 Universal service support revenues received from Federal or state sources Mobile services (i.e., wireless telephony, paging, messaging, and other mobile services)

Monthly, activation, and message charges except toll

Toll services

310 Operator and toll calls with alternative billing arrangements (credit card, collect, international call-back, etc.) 311 Ordinary long distance(direct-dialed MTS, customer toll-free (800/888 etc.) service, "10-10" calls, associated monthly account maintenance,

PICC pass-through, and other switched services not reported above) 312 Long distance private line services 313 Satellite services

314 All other long distance services 315 Total revenues from resale [Lines 303 through 314]

Note: As stated in the instructions, for all revenues reported on this page, you must retain the Filer 499 ID and contact information for the associated customers. You must verify that each of these customers was a direct contributor to the federal universal service support mechanism for calendar year 2011 and that the customer is purchasing service for resale as telecommunications. These records must be made available to the administrator or the FCC upon request. The FCC website contains information on federal universal service contributors. (See instructions.)

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

| 2 | 2012 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting 2011 Revenues) Page 5 | | | | | | | |
|----------|---|----------------|---------------------------|-----------------|------------|---------------|--|--|
| Block | 4-A: End-User and Non-Telecommunications Revenue Information | | · | | | | | |
| 401 | Filer 499 ID [from Line 101] | | | | | | | |
| 402 | Legal name of filer [from Line 102] | | | | | | | |
| Report l | pilled revenues for January 1 through December 31, 2011. | | If breakou | ts are not book | Breakouts | | | |
| Do not i | eport any negative numbers. Dollar amounts may be rounded to | Total Revenues | nues amounts, enter whole | | Interstate | International | | |
| the near | est thousand dollars. However, report all amounts as whole dollars. | | • | ge estimates | Revenues | Revenues | | |
| ~ . | | | Interstate | International | | | | |
| | ructions regarding percent interstate and international. | (a) | (b) | (c) | (d) | (e) | | |
| | es from All Other Sources (end-user, telecom. & non-telecom.) | | | | | | | |
| 403 | Surcharges or other amounts on bills identified as recovering | | | | | | | |
| | State or Federal universal service contributions | | | | | | | |
| Fixed lo | ocal services | _ | | | _ | | | |
| | Monthly service, local calling, connection charges, vertical features, | | | | | | | |
| | and other local exchange service charges except for federally tariffed subscriber line charges and PICC charges | | | | | | | |
| | Traditional Circuit Switched | | | | | | | |
| 404.1 | Provided at a flat rate including interstate toll service – local portion | | | | | | | |
| 404.2 | Provided at a flat rate including interstate toll service – toll portion | | | | | | | |
| 404.3 | Provided without interstate toll included (see instructions) | | | | | | | |
| -101.5 | Interconnected VoIP | | | | | | | |
| 404.4 | Offered in conjunction with a broadband connection | | | | | | | |
| 404.5 | Offered independent of a broadband connection | | | | | | | |
| 405 | Tariffed subscriber line charges and PICC charges levied by a local | | | | | | | |
| 405 | exchange carrier on a no-PIC customer | | | | | | | |
| 406 | Local private line & special access service [Includes the transmission | | | | | _ | | |
| | portion of wireline broadband Internet access provided on a common | | | | | | | |
| | carrier basis.] | | | | | | | |
| 407 | Payphone coin revenues (local and long distance) | | | | | | | |
| 408 | Other local telecommunications service revenues | | | | | | | |
| Mobile | services (i.e., wireless telephony, paging, messaging, and other mobile services) | | | | | | | |
| 409 | Monthly and activation charges | | | | | | | |
| 410 | Message charges including roaming and air-time charges for toll | | | | | | | |
| | calls, but excluding separately stated toll charges | | | | | | | |

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

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|----------|---|--------------------|---|---------------|---------------------|------------------------|
| Block | 4-A: Continued | | | | | |
| | | Total Revenues | If breakouts are not book amounts, enter whole percentage estimates | | Interstate Revenues | International Revenues |
| | | | Interstate | International | | |
| | | (a) | (b) | (c) | (d) | (e) |
| Toll ser | | | | | | |
| 111 | Prepaid calling card (including card sales to customers) and non-carrier distributors) reported at face value of cards | | | | | |
| 112 | International calls that both originate and terminate in foreign points | | 0% | 100% | | |
| 113 | Operator and toll calls with alternative billing arrangements (credit card, collect, international call-back, etc.) other than revenues reported on Line 412 | | | | | |
| | Ordinary long distance (direct-dialed MTS, customer toll-free (800/888 etc.) service, "10-10" calls, associated monthly account maintenance, PICC pass-through, and other switched services not reported above) | | | | | |
| 114.1 | All, other than interconnected VoIP, including, but not limited to, itemized toll on wireline and wireless bills | | | | | |
| 14.2 | All interconnected VoIP long distance, including, but not limited to, itemized toll | | | | | |
| 115 | Long distance private line services | | | | | |
| 16 | Satellite services | | | | | |
| 17 | All other long distance services | | | | | |
| | Revenues other than U.S. telecommunications revenues, including information services, inside wiring maintenance, billing and collection, customer premises equipment, published directory, dark fiber, Internet access, cable TV program transmission, foreign carrier operations, and non-telecommunications revenues (See instructions) | | | | | |
| 18.1 | bundled with circuit switched local exchange service | | | | | |
| 18.2 | bundled with interconnected VoIP local exchange service | | | | | |
| 18.3 | other | | | | | |
| 18.4 | non-interconnected VoIP revenues not included in any other category | | | | | |
| Block | 4-B: Total Revenue and Uncollectible Revenue Information | | | | | |
| 19 | Gross billed revenues from all sources (incl. reseller & non-telecom.) [Lines 303 through 314 plus Lines 403 through 418] | | | | | |
| 20 | Gross universal service contribution base amounts [Lines 403 through 411 plus Lines 413 through 417] [See Table 3 in instructions.] | | | | | |
| 21 | Uncollectible revenue/bad debt expense associated with gross billed revenues amounts shown on Line 419 [See instructions.] | | | | | |
| 22 | Uncollectible revenue/bad debt expense associated with universal service contribution base amounts shown on Line 420 | | | | | |
| 123 | Net universal service contribution base revenues [Line 420 minus line 422] | | | | | |

| | 2012 FCC F | orm 499-A Telecommunications Reporting Workshee | t (Reporting 2011 Revenues) | | Page 7 |
|------------|-----------------------------------|--|--|-------------------|------------------|
| Block | k 5: Additional | Revenue Breakouts | | | |
| | | | | | |
| 501 | | from Line 101] | | | |
| 502 | | f filer [from Line 102] | | | |
| | | es in Block 3 and Block 4 must provide the percentages requested in Lines 503 | 3 through 510. | | |
| See in | structions for limit | ted exceptions. | | | |
| | | | | | |
| | _ | evenues reported in Block 3 and Block 4 billed in each region of the country. F | Round or | Block 3 | Block 4 |
| | estimate to near | est whole percentage. Enter 0 if no service was provided in the region. | | Carrier's Carrier | End-User Telecom |
| 502 | 0 1 1 | All Fill C ' W t I I ' ' M' ' ' ' N d C I' | | (a) | (b) |
| 503 | Southeast: | Alabama, Florida, Georgia, Kentucky Louisiana, Mississippi, North Carolina Puerto Rico, South Carolina, Tennessee, and U.S. Virgin Islands | a, | % | % |
| 504 | Western: | Alaska, Arizona, Colorado, Idaho, Iowa, Minnesota, Montana, Nebraska, No | ew Mexico | % | 0/0 |
| 304 | western. | North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming | ew Mexico, | /0 | /0 |
| 505 | West Coast: | California, Hawaii, Nevada, American Samoa, Guam, Johnston Atoll, Midw | vay Atoll, | % | % |
| | | Northern Mariana Islands, and Wake Island | | 70 | 7.0 |
| 506 | Mid-Atlantic: | Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, Virgi | nia, and, | 0/0 | % |
| | | West Virginia | | | |
| 507 | Mid-West: | Illinois, Indiana, Michigan, Ohio, and Wisconsin | | % | % |
| 508 | Northeast: | Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Isla | and, and Vermont | % | % |
| 509 | Southwest: | Arkansas, Kansas, Missouri, Oklahoma, and Texas | | % | % |
| 510 | Total: | [Percentages must add to 0 or 100.] | | % | % |
| 511 | filer's TRS, N the option of i | n resellers that do not contribute to universal service support mechanisms are i ANPA, LNP, and FCC interstate telephone service provider regulatory fee cordentifying such revenues below. As stated in the instructions, you must have are included on Line 511. (See instructions.) | ntribution bases. To have these amounts excluded the filer has | | |
| | | | (a) | (b) | |
| | | | Total Revenues | Interstate and In | nternational |
| | Revenues from | resellers that do not contribute to Universal Service | | | |
| 512 | Gross TRS co | ntribution base amounts | | | |
| | | ough 417 plus Line 418.4 less Line 511] | | | |
| 513 | Uncollectible shown on Line | revenue/bad debt expense associated with TRS contribution base amounts e 512 | | | |
| 514 | Net TRS contr | ribution base revenues [Line 512 less Line 513] | | | |

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

| 2 | 2012 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting 2011 Revenues) | | | | | | | | | |
|---|--|--|---|-----------------------------------|---------------------------|--|--|--|--|--|
| Block 6: CERTIFICATION: to be signed by an officer of the filer | | | | | | | | | | |
| | | | | | | | | | | |
| 601 | Filer 499 ID [from Line 101] | | | | | | | | | |
| 602 | Legal name of filer [from Line 102] | | | | | | | | | |
| | Section IV of the instructions provides information on which types of | of filers are required to file for which pur | poses. Any filer claiming | | | | | | | |
| | to be exempt from one or more contribution requirements should so certify below and attach an explanation. [The Universal Service Administrator | | | | | | | | | |
| | will determine which filers meet the <i>de minimis</i> threshold based on information provided in Block 4, even if you fail to so certify below.] | | | | | | | | | |
| (02 | | | | | | | | | | |
| 603 | I certify that the filer is exempt from contributing to: | Universal Service | TRS | NANPA | LNP Administration | | | | | |
| | recently that the first is exempt from contributing to. | | | | | | | | | |
| | | | | | | | | | | |
| Provide | explanation below: | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 604 | Please indicate whether the filer is | | | | | | | | | |
| 004 | rease indicate whether the filer is | State or Local Government Entity | | I.R.C. § 501 or State Tax | Exempt (see instructions) | | | | | |
| 605 | | | | | | | | | | |
| 000 | I certify that the revenue data contained herein are privileged and co | nfidential and that public disclosure of s | uch information would likely cause substan | ntial harm to the competitive pos | sition of the | | | | | |
| | company. I request nondisclosure of the revenue information contain | | | | | | | | | |
| | | | | | | | | | | |
| | I certify that I am an officer of the above-named filer as defined in the knowledge, information and belief, all statements of fact contained it | | | | | | | | | |
| | affairs of the above-named company for the previous calendar year. | | | | | | | | | |
| | registration information has been provided and is accurate. If the ab | | | es | | | | | | |
| | all of the revenues for the consolidated entities for the entire year an | d that the filer adhered to and continues | to meet the conditions set forth in section I | Í- | | | | | | |
| | C of the instructions. | 1 | | | | | | | | |
| | | | | | | | | | | |
| 606 | Signature | | | | | | | | | |
| 607 | Printed name of officer | First | MI Last | | | | | | | |
| 608 | Position with reporting entity | 11131 | 1411 12051 | | | | | | | |
| 609 | Business telephone number of officer | () | - ext - | | | | | | | |
| 610 | Email of officer not for public release | | | | | | | | | |
| 611 | Date | | | | | | | | | |
| 612 | Check those that apply | ı | | | | | | | | |
| | Original April 1 filing for year | New filer, registration only | Revised filing with updated registra | ation Revised filing | with updated revenue data | | | | | |
| | Do not mail checks with this form. Send this form to: Form 499 Data Collection Agent c/o USAC 2000 L Street, N.W., Suite 200, Washington DC 20036 | | | | | | | | | |
| | For additional information regarding this worksheet contact: Telecommunications Reporting Worksheet information: (888) 641-8722 or via email: Form499@universalservice.org | | | | | | | | | |
| | | | | | | | | | | |
| PE | RSONS MAKING WILLFUL FALSE STATEMENTS IN THE WOR | KSHEET CAN BE PUNISHED BY FIN | NE OR IMPRISONMENT UNDER TITLE | . 18 OF THE UNITED STATES | S CODE, 18 U.S.C. § 1001 | | | | | |